



Effective Health Care

Comparative Effectiveness of Strategies to De-escalate Aggressive Behavior in Psychiatric Patients

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic area, *Comparative Effectiveness of Strategies to De-escalate Aggressive Behavior in Psychiatric Patients*, will go forward for systematic review. The scope of this topic, including key questions, populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/>.

Topic Description

Nominator(s): Individual

Nomination Summary: The nominator is interested in the comparative effectiveness of strategies to de-escalate aggressive behavior and prevent injury of psychiatric patients and staff.

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Population(s): Psychiatric patients, between the ages of 16 and 70 years, identified after exhibiting aggressive behavior or with a documented history of aggressive behavior

Intervention(s): Use of restraint and seclusion to de-escalate aggressive behavior and prevent injury of psychiatric patients and staff

Comparator(s): Alternatives to restraint and seclusion in mental health settings, including increased staffing levels, staff training, increased patient medication, and all other treatment options to manage aggressive behavior in psychiatric patients

Outcome(s): Restraint and seclusion rates; staff and patient injuries; cost and resource utilization.

Key Question from Nominator: For psychiatric patients, between the ages of 16 and 70 years identified after exhibiting aggressive behavior or with a documented history of aggressive behavior, what is the comparative effectiveness of strategies to de-escalate aggressive behavior and prevent injury of psychiatric patients and staff?

Considerations

- Restraint and seclusion are sometimes used in an inpatient psychiatric setting to manage aggressive behavior of a person that may impact their own safety or the safety of others, including staff. The National Alliance on Mental Illness (NAMI) defines restraints as human or mechanical actions that restrict freedom of movement or normal access to one's body; and seclusion as any separation of an individual from the general population of the facility or institution to which the individual cannot return at will and includes a situation where the resident or patient is isolated behind a closed door or prevented by staff from leaving a room with an open door or threatened with loss of privileges for leaving the room or area.
- The use of restraints and seclusion has the potential for patient injuries, staff injuries, loss of dignity, violation of rights, and even death. Many advocate for limitations on these practices. The challenge is to identify a standard of practice that ensures safety while maintaining patients' dignity and avoids inappropriate use of restraint/seclusion through the use of alternative strategies such as increased staffing levels and staff training.
- A scan of the literature found few relevant systematic reviews that address this topic; however, we found relevant studies and ongoing research efforts that address the topic. This indicates that a systematic review is feasible and would not be duplicative.
- An AHRQ product has the potential for impact because of high interest from potential stakeholder groups in this topic, particularly related to safety and promotion of patient-centered care sensitive to the experience of individuals treated for aggressive behaviors.